

FORM RF-1 Rate Filing Abstract NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	2006-05-0103
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	
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		Company Name		Company NAIC Number
3.	A.	The Travelers Home and Marine Insurance Company	B.	3548-27998

		Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A.	Private Passenger Auto	B.	Private Passenger Auto

5.				FOR LOSS COSTS ONLY				
	(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
	Bodily Injury	n/a	5.0%	n/a	n/a	n/a	n/a	n/a
	Property Damage	n/a	4.7%	n/a	n/a	n/a	n/a	n/a
	Medical Payments	n/a	4.6%	n/a	n/a	n/a	n/a	n/a
	UM/UIM	n/a	9.7%	n/a	n/a	n/a	n/a	n/a
	Personal Injury Protection	n/a	8.1%	n/a	n/a	n/a	n/a	n/a
	Comprehensive	n/a	6.3%	n/a	n/a	n/a	n/a	n/a
	Collision	n/a	5.3%	n/a	n/a	n/a	n/a	n/a
	TOTAL OVERALL EFFECT	n/a	5.5%					

6.	5 Year History		Rate Change History					7.	
Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio	Expense Constants	Selected Provisions
2005	0 (Intro)	Intro	10/23/2005	Introduction	n/a	n/a	n/a	A. Total Production Expense	*
								B. General Expense	*
								C. Taxes, License & Fees	*
								D. Underwriting Profit & Contingencies	*
								E. Other (explain)	*
								F. TOTAL	*

* No available data, program only in effect for 6 months

8.	N	Apply Loss Cost Factors to Future Filings? (Y or N)	
9.	33.2%	Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable):	182
10.	-20.2%	Estimated Maximum Rate Decrease for any Insured (%). Territory (if applicable):	229